

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	INJECTION MOULDING DEVICE COMPRISING VALVE PIN POSITION INDICATOR
Attorney Pocket Number::	2801-1007
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: PETER  
Middle Name::  
Family Name:: SATTLEE  
City of Residence:: ZWINGENBERG  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: HEIDELBERGER STRASSE 52A  
Address::  
City of Mailing Address:: ZWINGENBERG  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: D-64673

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: UDO  
Middle Name::  
Family Name:: LIEBRAN  
City of Residence:: PFUNGSTADT  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: WILHELM-LEUSCHNER STRASSE 4  
Address::

Postal or Zip Code of Mailing Address:: D-64319

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	01200060.0	1/10/91	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::